

# The Women's Health Research Program

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## Latest research findings from the Women's Health Research Program

Associate Professor Robin Bell and Ms Tessa O'Halloran of the Women's Health Research Program have received awards for their new research presented at the 15th Australasian Menopause Society Annual Congress in Brisbane in September 2011.

The Jean Hailes Memorial Prize, Young Investigator Award was presented to Tessa O'Halloran and Associate Professor Robin Bell received the Australasian Menopause Society Scientific Award for the most meritorious contribution to the field of menopause based on a published or accepted paper in the past 12 months.

### Regaining control: new study sheds light on incontinence

Monash University honours student Ms Tessa O'Halloran presented evidence that 1 in 8 women aged 16 to 30 years who had never been pregnant experience urinary incontinence (UI). The findings were from a study in which Ms O'Halloran surveyed 1000 young women in Melbourne.

UI is any involuntary leakage of urine. Stress incontinence refers to the involuntary loss of urine on effort, physical exertion or on sneezing or coughing. Urge incontinence is the involuntary loss of urine once a woman feels the need to pass urine. Women with symptoms of both stress and urge



Associate Professor Robin Bell and Ms Tessa O'Halloran.

UI have a 'mixed picture'. UI is common amongst adult women, with stress UI being more common at midlife (25 per cent of women aged 35–44 years) and urge UI more prevalent in older women (24 per cent of women >75 years). Pregnancy and childbirth contribute to the development of UI but little is known about UI in young women who have never been pregnant.

Tessa used questionnaires developed to diagnose UI and to determine factors associated with the likelihood of having UI. The average age of the women in the study was 22 years and most were of normal body weight. The study

revealed that 12.6 per cent of surveyed women had some form of UI, with most experiencing stress incontinence or urge incontinence. Key findings from this study are that:

- young women who had ever been sexually active were more likely to report UI than those who have never been sexually active;
- current users of the combined oral contraceptive pill are less likely to experience UI than those who are not using the pill;
- having UI is associated with impaired wellbeing in young women.



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These findings are important as the extent to which UI affects younger women who have never been pregnant has not been understood until now. We encourage young women who are experiencing this problem to speak to a medical practitioner to learn how to best manage the problem and to prevent it worsening later in life.

### Women with breast cancer should stop smoking and reduce their alcohol consumption

Associate Professor Robin Bell presented new findings from the Bupa Health Foundation Study of women living with breast cancer. At the time of their breast cancer diagnosis, 12 per cent of the women were smokers. Two thirds of these women were still smoking nearly two years later. Of the women who continued to smoke, there was a reduction in the average number of cigarettes smoked daily; however for these women quitting would be a better option.

Modest reductions in alcohol consumption were observed, but by two years from diagnosis, 1 in 12 women still reported consuming more than four drinks per occasion at least once per week, which is a level of alcohol consumption considered by the NHMRC to be consistent with risk of both short as well as long term harm.

### Significance of these findings:

Women who already have a diagnosis of breast cancer are at risk of both a recurrence and developing a new primary breast cancer. We know that smoking and alcohol consumption are risk factors for breast cancer, so quitting smoking and reducing alcohol intake makes sense for women who already have a diagnosis of breast cancer. Furthermore over 70 per cent of women with breast cancer are treated with radiotherapy. The combination of radiotherapy and smoking increases the risk of lung cancer so this is a compelling reason for women with breast cancer to stop smoking.

The outlook for women diagnosed with breast cancer continues to improve. Overall, the five year survival for women diagnosed with breast cancer is nearly 90 per cent, and even higher for women diagnosed in the early stages of the disease. So women diagnosed with breast cancer should be thinking about their long term health.

We know women diagnosed with breast cancer frequently are interested in making lifestyle changes. For instance one in three change their diet and one in three change their pattern of exercise. Health care providers should be assisting women with breast cancer to quit smoking and reduce their alcohol consumption.

This research project was supported by the Victorian Government through a Victorian Cancer Agency Research Fellowship to Associate Professor Robin Bell.

*Bell RJ, Ljovic M, Fradkin P, Schwarz M, Davis SR Changes in patterns of use of cigarettes and alcohol in women after a first diagnosis of invasive breast cancer: a cohort study of women from Victoria, Australia. Supportive Care in Cancer. 2011 Apr 9.*

### The vitamin D status of community dwelling older Australian women is inadequate, yet the use of supplements is low

We undertook a study to investigate whether older women in the community had sufficient levels of Vitamin D. The study involved 267 general practitioners who recruited 2466 women aged >70 years who were not known to have osteoporosis or a past 'low trauma fracture'. Thirteen per cent of the women in the study were taking Vitamin D supplements. Of those **not** taking vitamin D, 88 per cent had Vitamin D insufficiency (level below 75 nmol/L), with 55.2 per cent having Vitamin D deficiency (level below 50nmol/L). A Vitamin D level below 50 nmol/L is of concern as this is the level below which bone loss starts to occur. Women in the study who were older or overweight were more likely to have a low Vitamin D level. Just over 10 per cent of women in the study had Vitamin D levels below which muscle pain/weakness as well as bone loss would be likely to occur. Our conclusion from this study was that Vitamin D levels in elderly Australian women are inadequate, yet only a small proportion of elderly women are taking vitamin D supplements. We consider that for women aged greater than 70 years measurement of vitamin D status should be considered, with supplementation recommended for deplete individuals.

*Robinson PJ, Bell RJ, Lanzafame A, Kirby C, Weekes A, Piterman L, Davis SR The prevalence of Vitamin D deficiency and relationship with fracture risk in older women presenting in Australian general practice. Aust J Ageing 2011.*

## Get involved in research

### Antidepressants ruining your sex drive?

Are you aged between 35–55 years, have been taking a stable dose of one of the SSRIs (sertraline, citalopram, paroxetine, fluoxetine or fluvoxamine) or SNRIs (venlafaxine) for the past three months and are experiencing sexual difficulties and for which you would like to be treated? This study is being conducted in Melbourne and participants must be able to attend out clinic in Praharn, Melbourne.

If you would like more information, regarding this and other studies please visit our website:

**womenshealth.med.monash.edu.au**  
or contact the Women's Health Research Program on 03 9903 0820  
or email: [womens.health@monash.edu](mailto:womens.health@monash.edu)